



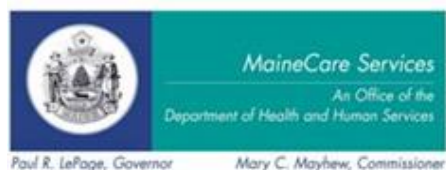
VERSION 0.1
DECEMBER 30, 2013

HEALTHCARE CONNECT FUND PROJECT COMMUNICATION PLAN

**HEALTH INFORMATION KNOWLEDGE-CONNECTIVITY
RURAL CONSORTIUM (HICK.RC)**

FCC UNIVERSAL SERVICE ADMINISTRATIVE COMPLANY (USAC)

HEALTHCARE CONNECT FUND (HCF) PROJECT



Department of Health and Human Services
 MaineCare Services
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HEALTHCARE CONNECT FUND PROJECT COMMUNICATION PLAN

PROJECT COMMUNICATION DOCUMENTS

The purpose of the Project Communication Table is to identify the communication processes, venues, documentation requirements and frequency for the HCF Project. It identifies the recipients of the communication documents, the persons responsible for creating, updating and delivering the documents and the communication purpose of each document and/or venue of communication effort.

PROJECT COMMUNICATION TABLE

Document	Recipients	Purpose	Update frequency	By Whom and How
Executive Status Report	Dawn R. Gallagher	Awareness, Status Updates, Approval and/or Strategic Input Guidance	Weekly Project Meeting	Lorie Smith -Written Status Update
1. Issue Management and Risk Management	Dawn R. Gallagher, Martha Vrana-Bossart, Lorie Smith HICK.RC	Awareness, Updates, Mitigation and Next Steps	Bi-weekly Grant Mtgs. Discussion and Minutes	Dawn, Lorie, Martha -Standing Agenda Item
2. Project Schedule/Timeline	Dawn R. Gallagher, Martha Vrana-Bossart, Lorie Smith HICK.RC	Project Kick-off, Charter, Scope, Integration, Time, Cost, Schedule, Quality, Resources, Communication, Risk, Procurement, Status Updates	Bi-weekly Grant Mtgs. Discussion and Minutes	Dawn, Lorie, Martha -Standing Agenda Item
3. Communications	Dawn R. Gallagher, Martha Vrana-	Initiation, Team Structure, Team Roles and Scope, Buy-In,	Scheduled, On-going and As needed	Dawn, Lorie, Martha, HICK.RC 1. Scheduled Bi-weekly Grant

Document	Recipients	Purpose	Update frequency	By Whom and How
	Bossart, Lorie Smith HICK.RC	Engagement, Onboarding Steps, Stakeholder Expectation Management, Awareness, Feedback Loop and Follow Up		<p>Mtg. Discussions with Mtg. Minutes</p> <p>2. Ad-hoc Project Meetings</p> <p>3. Email</p> <p>4. Phone calls</p> <p>5. Face-to-face mtgs.</p> <p>6. HCF Communication Plan</p> <p>7. Consortium Org. Chart</p> <p>8. Narrative – i.e. Talking Points</p> <p>9. HCF Overview with USAC PowerPoint link</p> <p>10. Timeline high level</p> <p>11. To-Do List for each Phase of Project</p> <p>12. Instructional Flowcharts for Required Form Application</p> <p>13. Etc. etc. items to be added as identified</p>
4. Change Control	Dawn R. Gallagher, Martha Vrana- Bossart, Lorie Smith HICK.RC,		As needed- t.b.d.	

Document	Recipients	Purpose	Update frequency	By Whom and How
	CCB-t.b.d			

TEAM ORGANIZATION STRUCTURE

Leadership Roles

- **Consortium Lead** – Dawn R. Gallagher
- **Consortium Project Coordinator** – Lorie L. Smith
- **Consortium Grant Coordinator** – Martha Vrana-Bossart

Membership Roles

- **Consortium Ambassadors**- HICK.RC members identified to help facilitate on-boarding process
- **Health Information Connectivity-Knowledge Rural Consortium Members** – engaged i.e. 75% attendance in HIT Grant Meetings and committed Consortium members by committing to USAC Letter of Agency (LOA) and Written Agreement with the HICK.RC Consortium

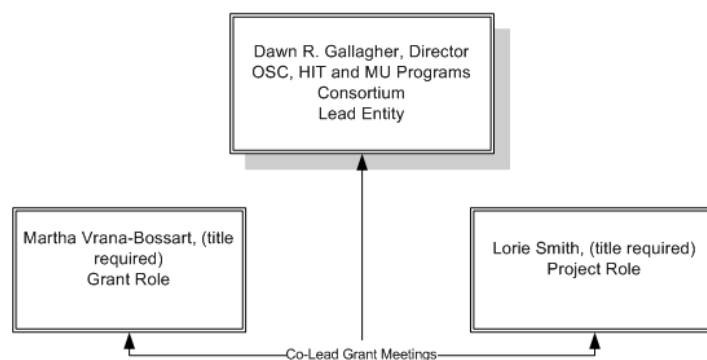
HICK.RC Organization Chart

Health Information Connectivity-Knowledge Rural Consortium

Friday, December 23, 2013



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Primary Stakeholders i.e. Ambassador Roles

Ronald Deprez and/or Nicole O'Brien,
Ambassadors, [University New England](#),
and other, Maine healthcare educational
sites (multiple sites)

David Lawlor, Ambassador,
[Maine Association for Community
Service Providers and Mental
Health](#) (multiple sites)

Susan Corbett, Ambassador,
[Harrington Family Healthcare](#),
(multiple sites)

Kim Mohan and/or Margaret Gradie,
Ambassadors, [MCD Public Health
and Northeast Telehealth Resource
Center \(NETRC\)](#) (multiple sites)

Katie Sendez, Ambassador, [HIN
Behavioral Health SIMS Grant](#)

Julie Shackley, Ambassador,
[Androscoggin Home Care & Hospice](#),
[The Home Care & Hospice Alliance of
Maine](#) (multiple sites)

Lisa Harvey-McPherson and/or Evelyn (Eve)
Preston, Ambassadors, [EMHS](#) (multiple sites)

Vacant, Ambassador, someone
from [DHHS Behavioral Services](#)

Holly Harmon and/or Rick Erb,
Ambassador,
[Maine Healthcare Association \(Nursing
Homes/Long Term Care\)](#) (multiple sites)

TEAM QUALITY GOALS

1. Increase the percentage of rural, healthcare telecommunication, Telehealth and telemedicine in the State of Maine.
2. Develop and deploy an increased percentage of rural, broadband networks in the State of Maine for the purpose of connectivity to benefit patient care, patient outcomes and provide increased workforce education between Healthcare Providers.
3. Decrease Universal Service Funding (USF) in the State of Maine by increasing the cost effective usage of USF funds between Healthcare Providers.

TEAM ASSIGNMENTS

Three teams are identified and will consist of one project, leadership member and HICK.RC members.

Healthcare Connect Fund Project Teams

Name of Team	Team goals and responsibilities	Team Leads	Team Members
Communication Team	Raise initial awareness	Lorie Smith	Ambassadors listed in

Name of Team	Team goals and responsibilities	Team Leads	Team Members
	HCF Project, for purpose of On-boarding of HCPs, engagement and identification of First Steps i.e. LOA, Agreement, USAC F460 <i>Eligibility and Registration Form</i>		Project Organization Chart
Evaluation Criteria Team	Develop weighted scoring evaluation criteria for RFS. Criteria to be used in Vendor Competitive Bidding process	Martha Vrana-Bossart	t.b.d.
Quality Team	<ol style="list-style-type: none"> 1. Gather baseline measurements from all participating HCPs of for HCF Project quality goals 2. Measure incremental improvements toward HCF Project goals 	Lorie Smith	t.b.d.
External Resources			David W. Maxwell Patricia Chubbuck OSC, OIT Members HIT Squad Others t.b.d.

RISKS AND ISSUES MANAGEMENT

POTENTIAL EXCEPTIONS AND PROBLEMS

1. Consortium membership must be 50% or > of rural HCP physical locations or sites
2. On-boarding process for awareness, engagement and commitment is relatively short
3. Interested HCPs may be identified after RFS and RFP are submitted

APPROPRIATE CORRECTIVE MEASURES

1. Key stakeholders identified as Ambassadors will help with communication efforts and outreach to potentially interested HCPs within their area of healthcare interest

2. Provide Narrative (i.e. Talking Points) document, Timeline, Org. Chart, Project Coordinator contact information as an additional resource for additional questions, etc. to Ambassadors as resource tools and references
3. Schedule bi-weekly grant meetings and adhoc as required
4. Include a clause in RFS and RFP that other HCPs may join HICK.RC Consortium and HCF Project after submission due date

TRACKING RISKS AND ISSUES

Date recorded	Risk description	Probability	Impact	Mitigation plan
12/30/2013	= 50% > rural HCPs sites	medium	high	Corrective measures 1, 2, 3, 4
12/30/2013	On-boarding timeframe short	high	high	Corrective measures 1, 2, 3, 4
12/30/2013	Interested HCPs join outside application dates	medium	medium	Corrective measure 4

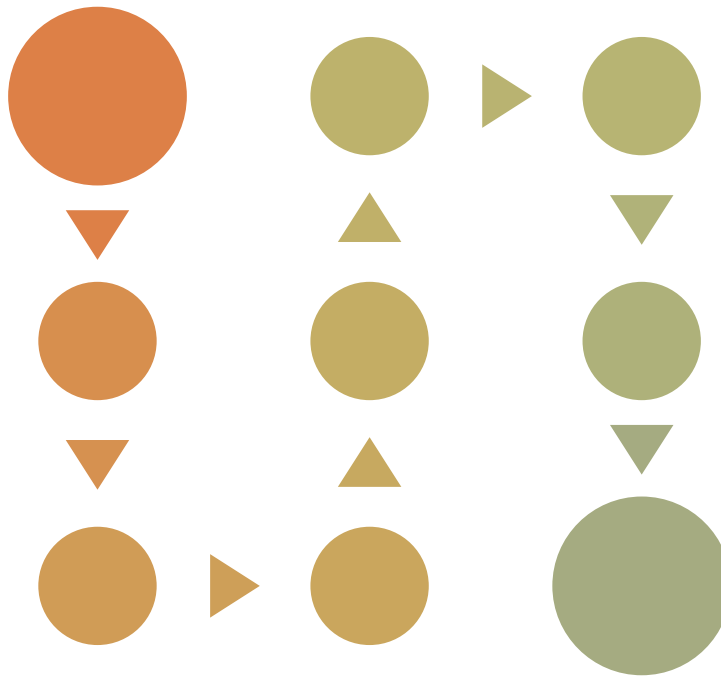
CHANGE MANAGEMENT PROCESS

CHANGE MANAGEMENT PROCESS STEPS – TBD AS NEEDED

[Describe the process that your team will follow to document and approve changes to the project. If your team uses a change control document, identify how and when team members should fill it out.]

CHANGE MANAGEMENT PROCESS FLOW

[Create a flow diagram of your change process.]



CHANGE CONTROL BOARD (CCB)

[Identify who will serve on the CCB, which determines whether issues are within the current project scope and whether they should be addressed.]